

ASS. REC. BY:

REF:

SMO/ 2200-8826/Kg

Kenneth

ASSIGNMENT

From:

Date:

Estimated Cost:

OD/TP/WS/TP RES/OD RES/EVA/INV/MV

To Inspect Vehicle No:

at Workshop m/s

of

Insured:

Policy No.

Claims No.

Sum Insured:

Excess:

(Client's Record)

Make of Veh:

(Policy Condition)

Remark: The veh had commenced its
repair at the time of inspection.

Bal. or Market Value:

812,500

IDAC Accident Rpt:

Consistent? : Yes or No

GIA / PR Seen:

Consistent? : Yes or No

Est. Repairs:

days

Res.: Yes or No

Lum Sum:

%

3 Val.: Yes or No

CA / REV / REP. / 24 HRS

Date:

Person Contacted:

Vehicle: IN / OUT

Veh No:

FBS 2797

Regn:

03.21

Type: M.Car / M.Cycle / Bus / Van / Lorry / Taxi / Prime Mover /

Truck / Trailer or

Make:

Yamaha NMAX

c.c

155

Colour:

Black

A/C:

Insured / Std / NI / NA

Sp. Reading

40566

T/Radio:

Insured / Std / NI / NA

Eng/No:

C/No:

MH 35G 5680mk 058692

Gen. Cond: Good / Fair / Poor / Burnt

Steering: In order / Jammed / Leaked / Burnt or

Brake: In order / Jammed / Leaked / Burnt or

Mod: Nil / S/Rim / STD A/Rim or

Tyre Size:

F:

110/70R13

R:

130/70R13

BS / DUN / EXNOVA / GY / FS / LIZA / MIC / OHTSU / PIRY / SUMI /

TOYO / YOKO or

Front

Rear

R/Bal.

3

mm

R/Bal.

4

mm

L/Bal.

mm

L/Bal.

mm

D.O.A.

18/7/22

D.O.I.

19/7/2022

Survey held at

Des. of Damages: Frt / Rear / O/S / N/S / UIC / Rooftop or

2 o/s/bow

The U/C / Chassis frame / Body Structure affected due to collision.

Date / Time

Action / Instruction

EM not ready

Date/Time, File Pass to?

☐

: Prell. Report

Days Of Repair:

1)

☐

: Final Report

Resurvey No. of Trip:

Date/Time, File Return to?

2)

Add Fee:

☐

: Site Insp (\$

☐

: Interview (\$

☐

: Tech Invs (\$

☐

: Weekend (\$

Survey Fee:

Transportation:

\$ - RS. \$

: Fines

: Others

TOTAL

Report Format :

Lump Sum / I.B.I: (\$

SINGAPORE ACCIDENT STATEMENT

IMPORTANT NOTICE

1. Please report correctly the details of the accident to speed up the claims process.
2. This Form must be completed by the Policyholder and/or the Authorised Driver.
3. Information provided must be as truthful and accurate as possible. Any wilful misrepresentation or withholding of material facts may allow insurance companies to repudiate policy liability.
4. The issue and acceptance of this Form by insurance companies is not an admission of policy liability on the part of the insurance companies.
5. Any false reporting may be referred to the Police for investigation.
6. This report will be forwarded by the insurers of the GIA Records Management Centre established by the General Insurance Association of Singapore (GIA) for archiving and that copies of this report will, for a fee, be made available upon application by interested parties.
7. By the lodgement of this report to the insurers, you hereby consent to the archiving of this report at the centre and to copies of the report being made available aforesaid.

ACCIDENT STATEMENT

Date of Submission	16/07/2022 15:49 (SGT)
Reported by	Driver
Date of Accident	14/07/2022 08:00 (SGT)
Exact Location of Accident	Singapore
Additional Location Information	Along Margaret Drive
Country/State of Loss	Singapore

DETAILS OF OWN VEHICLE

Vehicle Registration Number	FBS2797Y
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INSURED/POLICYHOLDER

Is company?	Yes
Name Of Registered Owner	SUPERBIKE MOTORS
Company Reg No	53405606K
Email Address	superbikemotorsrental@gmail.com
Mobile Phone No	(Phone) +65-90098334
Alternative Phone No	-

VEHICLE PARTICULARS

Manufacturer	Yamaha
Model	NMAX
Variant	-
Exact purpose for which vehicle was being used at time of accident	Private use
Are you claiming under your own insurance policy for repair to your vehicle?	No - Claiming third party
Vehicle Category	Motorcycle
Transmission	Auto
CC	160

INSURANCE COMPANY

Name of Insurance Company	NTUC Income Insurance Co-operative Ltd
Policy Number / Cover Note Number	5120687475-01

DRIVER

Name of Driver	KENNETH WONG KAR WENG
Passport No/FIN	G2231262L
Date Of Birth	17/11/1986
Occupation	Outdoor

SKETCH PLAN

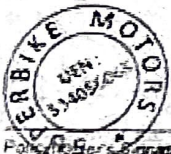
IMPORTANT NOTICE

1. Provide report correctly the details of the accident to speed up the claims process.
2. This form must be completed by the Policyholder and/or the Actual Driver.
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4. The issue and acceptance of this form by insurance companies is not an admission of policy liability on the part of the insurance companies.
5. **Any false reporting may be referred to the Traffic Police Department for Investigation.**
6. This report will be forwarded by the insurers to the GIA Records Management Centre established by the General Insurance Association of Singapore (GIA) for archiving and that copies of this report will for a fee be made available upon application by interested parties.
7. By the lodgement of this report to the insurers, you hereby consent to the archiving of this report at the centre and to copies of the report being made available aforesaid.

B Consent under the Personal Data Protection Act (PDPA)

I understand, acknowledge, agree and consent that:

- (a) My insurer, my workshop and the General Insurance Association of Singapore ("GIA") may be permitted to collect, use, disclose and/or process my personal data/personal information set out in this [form] and any other personal information provided by me or possessed by my insurer (collectively the "Personal Information") and disclose and transfer such Personal Information to all insurer(s) who have insured vehicle(s) involved in this accident (all insurer(s) who have insured vehicle(s) involved in this accident shall be collectively referred to as the "Insurers"). The Insurers, lawyers/law firms, the Monetary Authority of Singapore and any relevant government agency/authority (such as the police), for the purpose(s) of:
 - (i) processing, handling and/or dealing with my claims including the settlement of the claims and any necessary investigations relating to the claims;
 - (ii) investigating the accident and/or my claims;
 - (iii) carrying out and/or dealing with my instructions or responding to any enquiries by me;
 - (iv) administering my claims (including the mailing of correspondence, statements, invoices, reports or notices to me, which could involve disclosure of certain personal data about me to bring about delivery of the same as well as on the external cover of my e-mails, mail packages); and/or
 - (v) complying with applicable law in administering, processing, handling and/or dealing with my claims.
 (collectively the "Purposes")
- (b) all insurer(s) who have insured vehicle(s) involved in this accident and the Insurers, lawyers/law firms, may be permitted to collect, use, disclose and/or process my Personal Information for one or more of the above Purposes; and
- (c) my Personal Information may/can be disclosed by any of the Insurers and/or GIA to their third-party service providers or agents (including their lawyers/law firms), which may be sited outside of Singapore, for one or more of the above Purposes.



Police Officer's Signature / Date & Time

Driver's Signature (of driver or not the policyholder) / Date & Time

Witnessed by Reporting Centre Personnel (Name as in NRIC/ID card)

Sketch Plan

Greenway Secondary School

A: FBS-279TY
B: GRF-6912Z

MARGARET
DRIVER

Describe Circumstance of the Accident

I was riding straight along Mowbray Drive, at the yellow box
vehicle B suddenly turn out from Queensway Secondary School
without stopping and collided onto my vehicle.

Declaration

I/We declare the foregoing particulars are true in every respect.



Police Officer's Signature (Print & Stamp)

Officer's Signature (Print & Stamp) or the Police Officer's Date

16/01/2005 15:20:14

Witnessed by Reporting Constable's Signature
(Name as in 1870CSD card)

Kee Ching Ching